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PTO/SB/81 (01-07)  
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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	
Application Number	10-553,172
Filing Date	08/08/2006
First Named Inventor	Frank McDonald
Title	Modular Building Panels and Method of...
Art Unit	3664
Examiner Name	Jason Holloway
Attorney Docket Number	36844-202691

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Practitioner(s) Name	Registration Number
Andrew C. Aitken	36,729

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☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name: Andrew C. Aitken

Address: P.O. Box 1816

City: Wheaton State: MD Zip: 20915

Country: US

Telephone: (301) 537-3299 Email: acaitken@aitkenlawoffices.c

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/9a) submitted herewith or filed on:

SIGNATURE of Applicant or Assignee of Record

Signature: *Susan Novy McDonald* Date: 10-4-11

Name: Susan Novy McDonald Telephone: 925-260-5706

Title and Company: VICE PRESIDENT Principal

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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PTO/SB/61 (7-1-09)

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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	12653,172
	Filing Date	08/08/2006
	First Named Inventor	Frank McDonald
	Title	Mobile Banking System and Method
	Art Unit	3684
	Examiner Name	Jason Holbrook
	Attorney Docket Number	36044-202891

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Practitioner(s) Name	Registration Number
Andrew C. Aitken	36,729

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<input type="checkbox"/> The address associated with the above-mentioned Customer Number.					
OR					
<input type="checkbox"/> The address associated with Customer Number:					
OR					
<input checked="" type="checkbox"/> Firm or Individual Name	Andrew C. Aitken				
Address	P.O. Box 1810				
City	Wheaton	State	MD	Zip	20815
Country	US				
Telephone	(301) 537-3299	Email	acaitken@aitkenlawoffices.c		

I am the:

<input checked="" type="checkbox"/> Applicant/Inventor.	
OR	
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.	
<input type="checkbox"/> Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on:	

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Frank McDonald</i>	Date	8-4-11
Name	Frank McDonald	Telephone	445-760-5705
Title and Company	Chairman/CEO/Principal		

NOTE: Signatures of all the inventors or assignees of record of the record (except as their representatives) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.
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